

**Clinical features that suggest a diagnosis on initial evaluation**

<b>Neurally mediated syncope:</b>
Absence of heart disease
Long history of recurrent syncope
After sudden unexpected unpleasant sight, sound, smell or pain
Prolonged standing or crowded, hot places
Nausea, vomiting associated with syncope
During a meal or post-prandial
With head rotation or pressure on carotid sinus (as in tumours, shaving, tight collars)
After exertion
<b>Syncope due to OH:</b>
After standing up
Temporal relationship with start or changes of dosage of vasodepressive drugs leading to hypotension
Prolonged standing especially in crowded, hot places
Presence of autonomic neuropathy or Parkinsonism
Standing after exertion
<b>Cardiovascular syncope:</b>
Presence of definite structural heart disease
Family history of unexplained sudden death or channelopathy
During exertion, or supine
Abnormal ECG
Sudden onset palpitation immediately followed by syncope
ECG findings suggesting arrhythmic syncope:
- Bifascicular block (defined as either LBBB or RBBB combined with left anterior or left posterior fascicular block)
- Other intraventricular conduction abnormalities (QRS duration $\geq 0.12$ s)
- Mobitz I second degree AV block
- Asymptomatic inappropriate sinus bradycardia (<50 bpm), sinoatrial block or sinus pause $\geq 3$ s in the absence of negatively chronotropic medications
- Non-sustained VT
- Pre-excited QRS complexes
- Long or short QT intervals
- Early repolarization
- RBBB pattern with ST-elevation in leads V1-V3 (Brugada syndrome)
- Negative T waves in right precordial leads, epsilon waves and ventricular late potentials suggestive of ARVC
- Q waves suggesting myocardial infarction

ARVC: arrhythmogenic right ventricular cardiomyopathy; AV: atrioventricular; LBBB: left bundle branch block; OH: orthostatic hypotension; RBBB: right bundle branch block; VT: ventricular tachycardia.

*Reproduced with permission from: European Heart Rhythm Association (EHRA), Heart Failure Association (HFA), Heart Rhythm Society (HRS), et al. Guidelines for the diagnosis and management of syncope (version 2009): the Task Force for the Diagnosis and Management of Syncope of the European Society of Cardiology (ESC). Eur Heart J 2009; 30:2631. Copyright © 2009 Oxford University Press.*

Graphic 66884 Version 7.0